

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <span style="font-size: 2em;">9</span></p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI  <span style="font-size: 1.2em;">MR. DANIEL B</span>  <small>NICKNAME LAST SUFFIX</small>  <span style="font-size: 1.2em;">BARRY MOORE</span></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received <span style="font-size: 2em; color: blue;">HAND</span></p> <p><span style="color: red;">JAN 11 2017</span></p> <p><span style="font-size: 2em; color: blue;">DELIVERED</span></p> <p><i>plm 2:18 pm</i></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.2em;">P.O. Box 12195 College Station TX 77842</span>  <input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <span style="font-size: 1.2em;">(919) 209-9989</span></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI  <span style="font-size: 1.2em;">Ms JANE KEE</span>  <small>NICKNAME LAST SUFFIX</small></p>		
	<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.2em;">1504 FOXHIRE DR. College Station, TX 77845</span></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <span style="font-size: 1.2em;">(919) 693-3624</span></p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year    Month Day Year  <span style="font-size: 1.2em;">10 / 30 / 2016</span> THROUGH <span style="font-size: 1.2em;">12 / 31 / 2016</span> </p>		
<p>11 ELECTION</p>	<p>ELECTION DATE    ELECTION TYPE</p> <p>Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <span style="font-size: 1.2em;">11 / 8 / 2016</span>    <input type="checkbox"/> General    <input checked="" type="checkbox"/> Special         </p>		
	<p>12 OFFICE    13 OFFICE SOUGHT (if known)</p> <p><span style="font-size: 1.2em;">College Station City Council, Place 4</span></p>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Daniel B. Moore

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3200.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 275.70

4. TOTAL POLITICAL EXPENDITURES

\$ 8,948.58

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

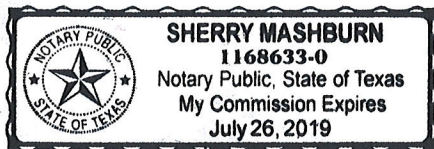
\$ 1,551.51

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*D. B. Moore*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Barry Moore, this the 17<sup>th</sup> day of January, 20 17, to certify which, witness my hand and seal of office.

*Sherry Mashburn*

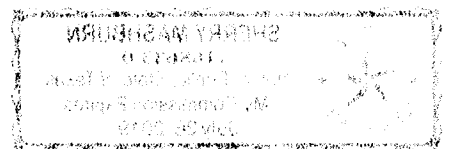
Signature of officer administering oath

Sherry Mashburn

Printed name of officer administering oath

City Secretary

Title of officer administering oath



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

- |     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3200     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$          |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 8,795.23 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$          |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 314.5    |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

DANIEL B. MOORE

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/16

5 Full name of contributor

BEN KEATH

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

5802 N. HAWKINS, STE 100, VICTORIA, TX 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/31/16

Full name of contributor

DOUG : KORA FRENCH

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

4808 MIRABUITS CT BRYAN, TX 77802

Principal occupation / Job title (See Instructions)

HOMEBUILDER

Employer (See Instructions)

STYLECRAFT HOMES

Date

10/31/16

Full name of contributor

GREEN PRAIRIE RANCH LTD

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

600 TRAVIS ST, STE 1100, HOUSTON, TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/16

Full name of contributor

FRANK HEFFIN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

11580 GOLD HUNTER, COLLEGE STATION, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

DANIEL B. MOORE

3 Filer ID (Ethics Commission Filers)

4 Date

11/4/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

ALPINE DEVELOPMENT GROUP

6 Contributor address;

City; State; Zip Code

8690 WEEDON LANE, COMEAL STATION, TX 77845

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/10/16

Full name of contributor

☐ out-of-state PAC (ID#:

EMMA - ANDREA ETHERIDGE

Contributor address;

City; State; Zip Code

17817 RANCH HOUSE RD. COMEAL STATION TX 77845

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/16

Full name of contributor

☐ out-of-state PAC (ID#:

BARRICKS CONSTRUCTION GROUP

Contributor address;

City; State; Zip Code

P.O. Box 262 WELLSBORO, TX 77801

Amount of contribution (\$)

\$1,800.00

Principal occupation / Job title (See Instructions)

CONSTRUCTION

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>DANIEL B MOORE</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/31/16</b>	5 Payee name <b>CHASE BANK</b>
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6 Amount (\$) <b>\$269.79</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 94004 PALATKA, IL 60094</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/4/16</b>	Payee name <b>WAR ROOM STRATEGIES</b>
------------------------	--

Amount (\$) <b>\$4,500.00</b>	Payee address; City; State; Zip Code <b>211 CHIMNEY Hill CIR. COLLEGE STATION, TX 77840</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/8/16</b>	Payee name <b>BUPPY'S CATERING</b>
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Amount (\$) <b>\$741.13</b>	Payee address; City; State; Zip Code <b>505 SULPHUR SPRINGS RD, BRYAN, TX 77801</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGES EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>DANIEL B. MOORE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/14/16</b>		5 Payee name <b>PEBBLE CREEK COUNTRY CLUB</b>			
6 Amount (\$) <b>655.69</b>		7 Payee address; City; State; Zip Code <b>4500 PEBBLE CREEK PKWY, COLLEGE STATION, TX 77845</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <b>11/29/16</b>		Payee name <b>CHASE BANK</b>			
Amount (\$) <b>\$658.02</b>		Payee address; City; State; Zip Code <b>P.O. BOX 94014, PALATINE, IL, 60099</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CREDIT CARD Payment</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <b>12/12/16</b>		Payee name <b>COPY CORNER</b>			
Amount (\$) <b>\$1,675.52</b>		Payee address; City; State; Zip Code <b>2307 S. TEXAS AVE, COLLEGE STATION, TX 77840</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>DOPIEL B. MOORE</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/27/16</b>	5 Payee name <b>CHASE BANK</b>
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6 Amount (\$) <b>1295.09</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 94014 PALATKA, IL, 60094</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 2 FILER NAME DANIEL B. MOORE 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 11/12/16 6 Payee name FACEBOOK

7 Amount (\$) \$32.00 8 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12/1/16 Payee name FACEBOOK

Amount (\$) \$292.50 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED